



CASH FOR C//LLEGE

Cash for College Site Support Funds Appeal Request

Workshop ID#:	CCFC2016-____-____
Today's Date:	

Appeals must be emailed to cashforcollege@csac.ca.gov by April 1, 2016. Please allow two weeks for a decision.

Payee Information:

Organization Name:	
Attention:	
Address:	
City:	
State:	
Zip Code:	
Phone #:	
Email:	

Requested By:

Organization Name:	
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone #:	
Email:	

Reason for Appeal (Please use additional sheet if necessary):

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2016 Workshop(s) Information:

	Workshop Site Name	Workshop Date	Start Time	End Time	Fund Amount
1					\$ 300
2					\$ 300
3					\$ 300
				Total	\$

TO BE COMPLETED BY CSAC STAFF ONLY:

Paper Exit Surveys Received Date: _____ # of Surveys Received: _____ Sign-in Sheet: Y or N

Appeal Approved: Y or N Approved By: _____ Manager Approved: _____

Appeal Justification: